

1. NUMBER: ADVASC-011101-01	2. PCN: PB20248	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: January 11, 2001	4. PAGE 1 of 1
5. TO: FD 32 - Nelda Allen		6. THRU:		7. FROM: Jessica Abba - WCSAR	
8. TITLE OF CHANGE: Add SQUAWK comment to ADVASC Inc 2 Procedures					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED:			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) During a 6A walkdown, a note was made that procedures that involve connecting the quick disconnects for the AIR-SS, AIR-GC, CONDENSATE and NUTRIENT SAMPLE ports should have a note stating that the connector "locks" need to be pushed in to enable connection.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) A note needs to be added to the procedures involving connecting the quick disconnects for the AIR-SS, AIR-GC, CONDENSATE and NUTRIENT SAMPLE ports stating that the connector "locks" need to be pushed in to enable connection. MGUEEXPRASASCN001 (step 1.5), N004 (step 5), N005 (step 4), N006 (step 5), N010 (step 4) -- All located in the Inc 2 ECR wing of OPMS					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Jessica R. Abba /s/		DATE: January 11, 2001	TELEPHONE NUMBER: 6082625528	OFFICE SYMBOL: WCSAR	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE